

CERTIFICATE OF APPROPRIATENESS

Architectural Review Board

City of Hopewell

Department of Development 300 N Main St., Hopewell, VA 23860

Office (804) 541-2220

Fax (804) 541-2318

I understand that all work and materials used in this installation shall conform strictly to the City of Hopewell ordinances and the Virginia Uniform Statewide Building Code and that this Certificate of Appropriateness expires if work is not commenced within six (6) months from the date of issuance. **Answers must be provided to all questions. FEE: \$0.00**

Address of Work:		Parcel#:	Date:_	
Applicant Information: Name: Address: City: State:Zip:		Daytime Phone:(Cell:(Cell:(
Type of Work: Check all texterior Improvement Window Replacement Painting RoofSidingGuttersDeckOther	that apply: Accessory Structure Shed Carport Detached Garage Pool (above ground) Gazebo Ramp Other	Fencing Front Rear Side Corner Lot New Replacement	Signage Bldg. Mounted Window/s Projecting Freestanding Other*Requi	Construction — Residential — Commercial — Institutional — Addition — Other — Demo* res Public Hearing
Expected Construction Start Date Other Comments:	e:			
Who is Completing the Work?: Applicant:Contractor:Contractor Name: Required Attachments (as applicable):				
Exterior Improvement	Accessory Structure	Fencing	Signage	Construction
☐ Color swatches ☐ Photos—existing conditions ☐ Images of proposed new items to be installed	 □ Color swatches □ Elevations □ Site Plan □ Samples of Materials 	☐ Images of proposed fencing ☐ Site Plan	☐ Sign Mock-up ☐ Photos of Sign location ☐ Elevation with proposed sign	□ Elevations□ Site Plan□ Samples of Materials
I understand that this is an application for a Certificate of Appropriateness (COA) and that work may not begin until the COA and all related permitting, if required, have been approved. Signature of Applicant:				
APPROVAL ARB Chairman Signature: Dept. of Development Signature		Print:		
DENIAL ARB Chairman Signature: Reason:	Dat		Dev. Dept. Initials:	